



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 LEAD LICENSING PROGRAM
TRAINING COURSE PROVIDER RE-ACCREDITATION APPLICATION

GENERAL INFORMATION

A training provider seeking re-accreditation shall submit an application to the Lead Licensing Program at least sixty (60) calendar days before its accreditation expires. Failure of the training provider to submit an application at least sixty (60) days prior to the expiration date of their accreditation may result in the accreditation not being renewed before it expires. If a training provider allows the accreditation to expire before renewal, the training provider must reapply to the Lead Licensing Program.

A complete application includes:

1. A completed *Training Course Provider Re-Accreditation Application* form
2. A list of courses for re-accreditation
3. A description of any changes to the training facility, equipment or course materials since its last application, and
4. A check or money order made payable to the Missouri Department of Health and Senior Services for the nonrefundable fee of \$1000 for the training course and \$250 for the refresher training course.

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING OF APPLICATION AND ISSUANCE OF ACCREDITATION

- Please submit a separate, **complete application** for each course and each refresher course for which you are applying.
- **Please type or print legibly.**
- Mail **completed application** to: Missouri Department of Health and Senior Services, Attn: Fee Receipts, P.O. Box 570, Jefferson City, MO, 65102-0570

PART A. PERSONNEL INFORMATION

NAME OF TRAINING PROVIDER		
MAILING ADDRESS (STREET)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER (____) _____-_____	FAX NUMBER (____) _____-_____	E-MAIL ADDRESS
NAME OF TRAINING MANAGER		DATE OF BIRTH
NAME OF PRINCIPAL INSTRUCTOR		DATE OF BIRTH

List all addresses at which training will take place.

PART B. TRAINING COURSE

Occupation of Training Course (Complete a separate application for each course, including refresher courses.)

OCCUPATIONS	<u>TRAINING COURSE</u>		<u>REFRESHER COURSE</u>	
LEAD INSPECTOR	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$250
RISK ASSESSOR	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$250
LEAD ABATEMENT SUPERVISOR	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$250
LEAD ABATEMENT WORKER	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$250
PROJECT DESIGNER	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$250

PART C. DESCRIPTION OF CHANGES

Please indicate below a description of any changes to the training facility, equipment or course materials since your last application. Please use additional sheets if needed.

THIS APPLICATION WILL NOT BE ACCEPTED IF SIGNATURE IS OMITTED.

I hereby certify that the information included in this application and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo. I also attest and affirm that I will conduct lead training only in those occupations in which I have received accreditation.

SIGNATURE (TRAINING MANAGER)

DATE

